


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Oct 01 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **P95000057374**
1. Corporation Name
SAMSON PAINTING, INC.

Principal Place of Business Mailing Address
5054 NE 19th TERRACE SAME
POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--------------------------|------------------------------------|------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified JULY 25/95 | |
| 21 441 SW 5th AVE | 26 441 SW 5th AVE | 4. FEI Number 65-0598212 | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 BOYNTON BEACH, FL | | 28 BOYNTON BEACH, FL | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Zip Country | | Zip Country | | | |
| 24 33435 | 25 U.S.A. | 29 33435 | 30 U.S.A. | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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|--|
| 81 Name SAMUEL BUEME |
| 82 Street Address (P.O. Box Number is Not Acceptable) 441 SW 5th AVE |
| 83 City & State BOYNTON BEACH, FL |
| 84 City BOYNTON BEACH |
| 85 Zip Code 33435 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Samuel Bueme* (NOTE: Registered Agent signature required when reinstating) DATE **09-23-98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PRESIDENT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAMUEL BUEME | 1.2 NAME | |
| STREET ADDRESS | 5054 NE 19th TERRACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH, FL | 1.4 CITY-ST-ZIP | |
| TITLE | VICE-PRESIDENT <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TINA M. BUEME | 2.2 NAME | |
| STREET ADDRESS | 5054 NE 19th TERRACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33064 | 2.4 CITY-ST-ZIP | |
| TITLE | SECRETARY <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TINA M. BUEME | 3.2 NAME | |
| STREET ADDRESS | 5054 NE 19th TERRACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33064 | 3.4 CITY-ST-ZIP | |
| TITLE | TREASURER <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAMUEL BUEME | 4.2 NAME | 400002654064 |
| STREET ADDRESS | 5054 NE 19th TERRACE | 4.3 STREET ADDRESS | -10/02/98--01020--031 |
| CITY-ST-ZIP | POMPANO BEACH, FL | 4.4 CITY-ST-ZIP | ***150.00 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | 400002654064 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | -10/02/98--01020--032 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | ***8.75 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)

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August 28, 1998

Florida Dept. of State
Division of Corps.

Dear Sir/Madam:

This letter is concerning my Articles of Incorporation. I have restarted my business as of July 1998 and have renewed all the necessary licenses to reopen my business account.

The only one that is not filed is the Articles of Incorporation. I have been separated from my wife since 1997, and she was in charge of filing all the necessary paperwork for my business. Based on her word, it was my understanding that she filed this form.

Up until this day, I have been unable to retrieve most of my business items from her, and have photocopied this form from a friend of mine. I am completing it to the best of my knowledge and I am deleting my soon to be Ex-Wife from the business. I have not completed Block 9 as I am not too sure if this was completed on my prior form. Please accept this as I have tried my best.

I am also requesting relief of any penalties due to my circumstances, and I am very sorry for being delinquent and promise to have any subsequent forms filed by the deadline date.

If you have any question concerning this letter, please feel free to contact me at my home number: 561-734-9566 and on my cell 954-494-8166.

Thank you for your time.

Sincerely,

Sam Bueme